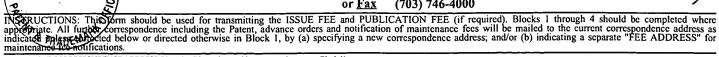
PART B - FEE(S) TRANSMITTAL

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| CONFIRMATION NO. | TOR ATTORNEY DOCKET NO. |

FILING DATE FIRST NAMED INVEN APPLICATION NO. 074022-2907 4547 07/12/2001 09/905.146 James E. Maynard

TITLE OF INVENTION: OPTICAL ASSAY DEVICE AND METHOD

| APPLN. TYPE | SMALL ENTITY | ISSUE FE | E PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|---|--------------|--|--|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 06/10/2004 |
| EXAM | IINER | ART UNI | T CLASS-SUBCLASS | | |
| CHIN, CHRI | STOPHER L | 1641 | 435-007100 | · . | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer | | 2. For printing on the patent front p names of up to 3 registered pater agents OR, alternatively, (2) the na firm (having as a member a registe agent) and the names of up to 2 re attorneys or agents. If no name is l | nt attorneys or 1 FOLE's ame of a single cred attorney or 2 egistered patent | y & Lardner LL | |

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Thermo Biostar, Inc.

Louisville, Colorado

| Please check the appropriate assignee category or categories (will no | ot be printed on the patent); | individual | ☐ corporation or other private group entity | ☐ government |
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June ij

Richard San Pietro, Req. 45,071

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30.00 DA 03 FC:8001

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Maynard et al.

Title:

OPTICAL ASSAY DEVICE AND

METHOD

Appl. No.:

09/905,146

Filing Date:

07/12/2001

Examiner:

Chin, Christopher L.

Art Unit:

1641

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Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with a check in the amount of \$1,630.00 for payment of the Issue Fee and ten additional copies of the issued utility patent.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

June 1 2004 Date

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Respectfully submitted,

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